



Statement of Jeremy Butler
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of
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before a joint hearing of the
Senate and House Veterans' Affairs Committees

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Chairman Moran, Chairman Takano, Ranking Member Tester and Ranking Member Roe, and distinguished members of the Committees, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members, I would like to thank you for the opportunity to testify here today.

I am so proud of what we have accomplished together this past year - my first as CEO - passing the *Burn Pits Accountability Act*, passing a law reversing DoD's attempt to limit the transferability of the GI Bill benefit, and getting the *Deborah Sampson Act* through the House, among other great victories. The far-reaching changes that will result from full passage of the *Deborah Sampson Act* are long-overdue. IAVA has fought hard for top-down culture change in the VA.

In 2019 IAVA fought tirelessly for this generation of veterans, conducting over 300 Capitol Hill meetings, speaking directly with VA leadership, and executing robust media outreach to highlight the needs of post-9/11 veterans. It has been a humbling, eventful, educational year for me and I am excited about what is still to come. 2020 is an opportunity to build on that momentum and deliver real support to the veteran community.

As is too often the case however, we are in a situation where there is an urgent need for movement but a completely unacceptable lack of coordinated, timely, whole of government action to address these priorities and implement long-term solutions. The issues are complex and there will always be disagreement on the details, but inaction is guaranteed to be a failing strategy. There are less than ten months left in the 116th Congress and, with much of the country and our government focused on the Presidential election, there is little time left to make substantive advancements on these priorities. Fortunately, we have bipartisan policies that address many of the issues facing our veteran community. But if they are not treated with the urgency they require; if this body does not work with the VA and the Administration to take collective action to advance these pieces of legislation to the President's desk, then we will find ourselves one year from now having to explain to the country why we failed to turn a collective desire to help in to substantive legislative action and the delivery of real results for veterans. In 2020, IAVA will continue its focus on six priorities that our members see as most pressing. This "Big Six" contains the challenges and opportunities that IAVA members care about most --



and see as areas where we can uniquely make an impact. They include the following campaigns: Mental Health and Suicide Prevention, Government Reform, Burn Pits and Toxic Exposures, Defense of the Post-9/11 GI Bill and Education Benefits, Support for Women Veterans, and empowering veterans who want to use Medical Cannabis. IAVA members are poised to educate the public, design solutions for positive impact, and lead the way to the future. That starts with our 2020 Big Six outlined below. Each campaign will drive toward outcomes in 4 key areas: 1) Public Awareness 2) Executive Action 3) Legislative Change and 4) Local Support.

Substantial progress was made on these issue areas in 2019 but so much more needs to be done and, unless we act with the sense of urgency that is required, I fear that we will find ourselves with little to show at the end of 2020 and in a position where we are starting over from scratch in the 117th Congress. I urge you to take action now on the policy and legislative measures detailed below to ensure that our veterans are not forced to continue to wait for the support and care they earned.

1) Continue the Campaign to Combat Suicide Among Troops and Veterans

For nearly a decade, IAVA and the veteran community has called for immediate action by our nation's leaders to appropriately respond to the crisis of over 20 military and veterans dying every day by suicide. Thanks to the courage and leadership of veterans, military family members and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of increased media coverage, a reduction in stigma for seeking treatment, and a surge of government, non-profit and private support.

Yet, the problem continues to loom. According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, continue to have the highest rate of suicide. And while not always an indicator of suicide, mental health injuries continue to impact the post-9/11 generation disproportionately. In our latest Member Survey, a stunning 65% of IAVA members reported service-connected PTSD and over half report anxiety (65%) or depression (56%). Meanwhile, the nation and VA struggle to keep up with the demand for mental health care and mental health care providers such as psychiatrists and psychologists, both of which are in the top five for VA staffing shortages.

However, there is some progress. Of those with a mental health injury, three in four are seeking care for their injury, according to IAVA members. Over the past few years, much progress has been made in the realm of suicide prevention and mental health. DoD, Department of Homeland Security (DHS), and VA's plan for transitioning servicemembers targets those in the post-9/11 generation at increased risk of suicide to engage with them before the moment of crisis. VA has leveraged telemental health care to expand its reach and predictive analytics to target the top 0.1% of veterans at risk for suicide. Meanwhile, research into effective treatment options and crisis intervention methods continues.



In 2013, IAVA and our partners jump-started a national conversation. But the flood of need continues nationwide – and continues to rise. In our latest Member Survey, 65% of IAVA members know a post-9/11 veteran who attempted suicide. Sixty-Two percent know a post-9/11 veteran who died by suicide, an alarming 22% rise since 2014. Every day, we are losing more of our brothers and sisters to suicide. Now is not the time for America to let up. Instead, this is a time to redouble our efforts as a nation and answer the call to action. IAVA will continue to maintain our leadership on that charge.

We also continue to spread public awareness for the suicide crisis as thought leaders in panels, roundtable discussions with policymakers, a massive demonstration on the National Mall, and in documentaries. Sobering statistics on suicide continue to be released, identifying women veterans at especially high risk of suicide. IAVA's groundbreaking Rapid Response Referral Program (RRRP) is a safety net for veterans and families and provides comprehensive care management, resource connections and 24/7 peer to peer support for any veteran or family member in need. Since 2012 RRRP has served nearly 10,000 clients and in recent years the number of veterans that IAVA has connected to suicide and mental health support has been steadily increasing. In 2019, 15% of our clients required a connection to the Veterans Crisis Line (VCL) to receive lifesaving support, as compared to 6% in 2018 and 2% in 2017. Importantly, we have a memorandum of understanding (MOU) with the VA's Veterans Crisis Line (VCL) which allows us to provide a warm handoff with a trained responder at the VCL, where the at-risk veteran is never left alone or hung up on, literally preventing veteran suicide. In 2019, RRRP connected 75 veterans to the VCL, a more than 100% increase since 2018. This means that about every two weeks our Veteran Care Managers connected three veterans who were either currently suicidal or at-risk of suicide with life-saving support. IAVA's RRRP and the VCL have been in partnership since RRRP launched in 2012 and has connected more than 300 veterans to this life-saving resource.

In 2020, IAVA will continue to seek an expansion of mental health and suicide prevention services. Last year, IAVA worked with the Senate Veterans Affairs Committee and VSO partners to introduce the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (S. 785). This legislation has IAVA's full support, and we thank both Chairman Moran and Ranking Member Tester for their leadership on the bill and for ensuring its unanimous passage out of committee earlier this year. This remains an extremely urgent matter, so we call on the Senate to approve it this month and for the House to expeditiously pass it so the President can sign it into law.

IAVA is encouraged that this bill will bring even greater attention and resources to VA to combat the veteran suicide crisis. IAVA believes that the bill's investment into a number of studies, such as a study on Vet Centers' Readjustment Counselors efficacy, increased funding in telehealth, and increased number of tracking metrics to ensure that the VA is providing the best



possible mental health care possible, is critical to understanding the current suicide epidemic in our community. IAVA is also pleased with the focus of this legislation on studying the connection between traumatic brain injury (TBI) and mental health, including creating brain health bio markers to better track those who suffer from TBI. Over a quarter of IAVA members report suffering from TBI and these invisible wounds of war continue to be misunderstood. This legislation will not only create a center of excellence for TBI and PTSD, but also create brain health biomarkers to track servicemembers' and veterans' brain health. This legislation is the centerpiece of IAVA's Campaign to Combat Suicide and we look forward to continuing to work with Chairman Moran and Ranking Member Tester and all members of both committees to ensure it passes this Congress.

2) Modernize Government to Support the Post-9/11 Generation

Millions of veterans rely on VA for both health care and benefits. Ensuring that the system is able and agile enough to accommodate the millions of veterans who use its services is paramount to ensuring the lasting success and health of the veteran population. About 48% of all veterans and about 55% of post-9/11 veterans are enrolled in VA care. Among IAVA Member Survey respondents, 84% are enrolled in VA health care, with over 50% using VA as their primary source of care. Additionally, an extraordinary 85% of these VA users rated their experience at VA as average or above average. IAVA members have been clear that access to VA care can be challenging, but once in the system, they prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better, than the private sector.

A bold approach to ensuring today's veterans have a system willing to bend and adapt to them will take the full coordination of the executive branch and Congress, along with stakeholder partners in state and local governments, and the private and nonprofit sectors. We need a system that leverages the use of new technologies to streamline processes and enables VA to take a more dynamic approach to respond to the needs of today's veterans. Even so, the best technology will not save a system if it is built upon outdated structures. VA must connect its internal departments and work with DoD to streamline services.

Over the past few years, VA has made incredible strides in modernizing its operating systems both internally and externally. The plan currently underway to bridge VA and DoD medical records, replacing a decades-old electronic medical record system, and updating VA.gov to be more interactive and intuitive are among the significant accomplishments that have been in the works for years. A system slowly but surely moving to the 21st century is a win for all veterans.

2019 saw a substantial change in VA healthcare with the implementation of the *MISSION Act*. IAVA was supportive of this bill, but always cautioned that it will require strong Congressional oversight. Now that the Community Care program is in full effect, the strong oversight must continue. While only 16% of IAVA members have utilized the Community Care program, the



early feedback has been positive. Community Care's approval rating from users who identified as taking advantage of the program is high, with over 80% rating it at average or above average. This is thanks to the hard work from both Senate and House committees, VA, and VSOs that ensured the implementation of Community Care was a success. However, there are still some concerns that we are hearing from our membership. The most common confusion is if they are even eligible for Community Care programs or not based on drive time and distance, due to a lack of clear communication on those requirements. Additionally, we have heard concerns from our membership that appointments will be made at the latest time possible while avoiding them access to Community Care. For example, if the wait time is longer than 30 days, they will be eligible for Community Care, their appointment will be made on the 29th day. While we understand that there are growing pains with any new system, VA must ensure that their guidelines are properly communicated to avoid any confusion on the veterans' part.

Lastly, IAVA is concerned over the delays in the electronic health records (EHR) go-live date in Spokane, WA. Specifically, that implementation of the EHR on time would have resulted in a reduction in services for veterans and complicate their access to health information. While we regret that this long-awaited project needs to be further delayed, IAVA ultimately believes that this was the right decision given the apparent reduction in online services that would have resulted. However, that does not alleviate IAVA's frustration that VA did not keep VSOs informed of the known deficiencies in the new system. Going forward IAVA recommends to not only communicate these known issues earlier in the process, but also that prior to the rollout of the CERNER pilot that online tutorials and training are made available for all affected veterans on changes and how to best use the CERNER and MyHealthVet platforms. This will reduce further confusion and frustration for veterans and VSOs.

3) Drive Support for Injuries from Burn Pits and Toxic Exposures

Burn pits, a common way to get rid of waste at military sites in Iraq and Afghanistan, are the Agent Orange of our generation. Because of the efforts of IAVA and other VSO partners to educate the public and elevate the issue, they are finally starting to become a national priority. Our members see burn pits as a critical, urgent and growing threat that will impact an entire generation. VA estimates 3.5 million veterans are eligible to register in the VA's Airborne Hazards and Open Burn Pit Registry, which tracks exposures to airborne toxins. However, because enrollment is voluntary, the registry is not well-known.

There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may also pose a danger for respiratory illnesses. These include inhaled irritant gases, high levels of fine dust, heavy metals due to operations in urban environments, plus the potential impact to the respiratory system from the effects of explosives and the inhalation of depleted uranium used in munitions.



In late 2019 IAVA celebrated the passage of the *Burn Pits Accountability Act* after working with Congress to develop the bill and campaigning for its success for a year and a half. The new law finally ensures that servicemembers exposed to burn pits will be properly tracked *before* they exit service, and that they will be placed into the VA Airborne Hazards and Open Burn Pit Registry. This critical piece of legislation will not only give both DoD and VA the tools to track who exactly has been exposed to these hazards, but also increase the amount of data points in the registry which will allow for better research and tracking. Further, VA has been offering a free health exam to those who complete the Registry entry.

However, the work is far from over. The *Burn Pits Accountability Act* was a strong step forward to better track those exposed to burn pits. In 2020 we will continue to drive support to those who suffer injuries from burn pits and other toxic exposures, and IAVA will work with the newly-formed Toxic Exposures in the American Military (TEAM) to introduce ambitious new legislation that will enable those who have been exposed to get the care they deserve. TEAM is a coalition of 25 veteran and military service organizations advocating for veterans made ill as a result of toxic exposures during their military service.

4) Continue to Defend and Expand Veterans Education Opportunities

2008 was a landmark year for the post-9/11 generation. After years of tireless advocacy by IAVA and others, the Post-9/11 GI Bill was passed into law. With it, thousands and now millions of veterans and their dependents had the doors to higher education opened for them. After deploying for years to the battlefields of Iraq, Afghanistan, and other areas, Congress and the American people agreed that these warriors had earned the right to pursue a degree.

The Post-9/11 GI Bill has now sent more than one million veterans and dependents to school and remains one of the military's best retention and recruiting tools. In IAVA's latest member survey, 93% of IAVA members reported having used, or that they are currently using or planning to transfer their Post-9/11 GI Bill benefit. 79% agree that the Post-9/11 GI Bill is essential to military recruitment and 87% believe it is extremely or very important to transition to civilian life.

Since its inception, the Post-9/11 GI Bill has also faced threats of funding cuts and abuse. IAVA has been, and will remain, at the forefront of the efforts to ensure that these attempts are not successful. We must continue to not only hold the line in defending these essential, earned benefits but also in providing that they stay relevant to the changing educational landscape. In 2017, IAVA supported the passage of the *Harry W. Colmery Veterans Educational Assistance Act*, which included numerous expansions for the GI Bill, including elimination of the 15-year time limit to use the benefit and IAVA continues to spearhead the fight to close the 90/10 loophole that allows poor performing schools to be propped up at the expense of veterans and taxpayers.



The GI Bill is still being exploited by underperforming actors who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. For-profit colleges are required to get at least 10% of their revenue from outside of federal financial aid funds, but they exploit a loophole in the law that does not count GI Bill and DoD Tuition Assistance benefits as federal funds, making servicemembers and veterans a target for their generous benefits. This is why IAVA is a proud supporter of the *Protect Veterans' Education and Taxpayer Spending Act* (S. 2857) introduced by Sens. Tom Carper (D-DE), Bill Cassidy (R-LA), James Lankford (R-OK), and Jon Tester (D-MT), that would finally close this loophole. This legislation will not only protect veterans, but also the taxpayers, by increasing accountability among schools that receive GI Bill and DoD Tuition Assistance funding.

5) Establish Support for Veterans Who Want to Utilize Medical Cannabis

The use of medical cannabis has been growing in support by the veteran population for quite some time. For years, IAVA members have sounded off in support of researching medical cannabis for the wounds of war and legalizing medical cannabis. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war. In our latest Member Survey, over 80% of IAVA members supported legalization for medicinal use. Across party lines, medicinal cannabis has been rapidly increasing in support. Yet our national policies are outdated, research is lacking, and stigma persists.

Over the past few years, IAVA members have set out to change the national conversation around cannabis and underscore the need for bipartisan, evidence-based, common-sense solutions that can bring relief to millions, save taxpayers billions and create thousands of jobs for veterans nationwide.

In 2020, IAVA will continue our fight on behalf of veterans who want to use medicinal cannabis and we remain committed to the passage of the bipartisan *VA Medicinal Cannabis Research Act* (S. 179/H.R. 712), which passed unanimously out of the House Veterans Affairs Committee during the 115th Congress. Despite the House Veterans Affairs Committee holding a legislative hearing on this and having over 100 bipartisan cosponsors across the House and Senate, it has yet to be passed by committee this Congress. IAVA urges both House and Senate Committees to pass this legislation to start the research and ensure veterans, health care providers, and lawmakers are all aware of the both the benefits and the level of safety of treating PTSD, TBI, chronic pain, and other illnesses with cannabis. We applaud Sens. Jon Tester, Dan Sullivan, and Reps. Louis Correa and Clay Higgins for their leadership of this legislation and will continue working with them in its passage.

6) Galvanize Support for Women Veterans and She Who Borne The Battle



Despite the ever-growing contribution of women to our national defense, the American public still does not understand the extent of their involvement and sacrifice. This lack of understanding not only impacts their reception when seeking health care from VA, but throughout their transition home. Often having faced an unwelcoming culture in the military, VA can seem like an equally unwelcoming place to women who are transitioning. The VA motto does not help. It explicitly excludes women and their survivors from its mandate, and it reads as outdated: "To care for him who shall have borne the battle and for his widow, and his orphan."

Women veterans are becoming more prominent in American culture and are stepping up and leading: From the growing number of women veterans serving in Congress to the highest leadership positions among the service branches, VSOs, and leading groups. Also, as more women veterans step into the public sphere, their contributions and sacrifices are becoming known and recognized.

However, everyday women veterans enter into VAs nationwide and are not recognized for their service, or worse. According to VA, in April 2019, a shocking one in four women reported being harassed at a VA facility. Every day, women veterans are looked past in favor of the familiar image of a man serving in uniform. Until women veterans are as known and understood as their male counterparts, IAVA's work will not be done.

It is for these reasons that 2020 is the year that the *Deborah Sampson Act* must be passed into law. We must ensure that women veterans are receiving equal care as their male counterparts, and we must ensure that VA is a safe place for all veterans. IAVA is extremely supportive of the provisions in the House passed *Deborah Sampson Act* to address sexual harassment and assault at VA facilities and urges the Senate to adopt similar language. This can be on the president's desk *this month*. We also believe that this culture at VA will not change overnight, and the current VA motto, which excludes women veterans, must also be changed. This is why in 2020 IAVA will continue to fight for the passage of the *Honoring All Veterans Act* (H.R. 3010) which will create a VA motto representative of all veterans.

IAVA's "Big Six" - the policy issues that I presented today - represent those that our members feel are the most pressing for our community. They are not IAVA opinion - they represent what years of Member Surveys have told us. They are also the issues that I hope the members of these committees, the President, the media, and all Americans will focus on as well. We know that they are right. And that the time to act is right now, and IAVA is ready to work with you to deliver results. Not just for IAVA veterans but for veterans of all generations.

Members of both committees, thank you again for the opportunity to share IAVA's views on these issues today. I look forward to answering any questions you may have and working with the Committees in the future.